

**THE**

SEPTEMBER-OCTOBER 1954

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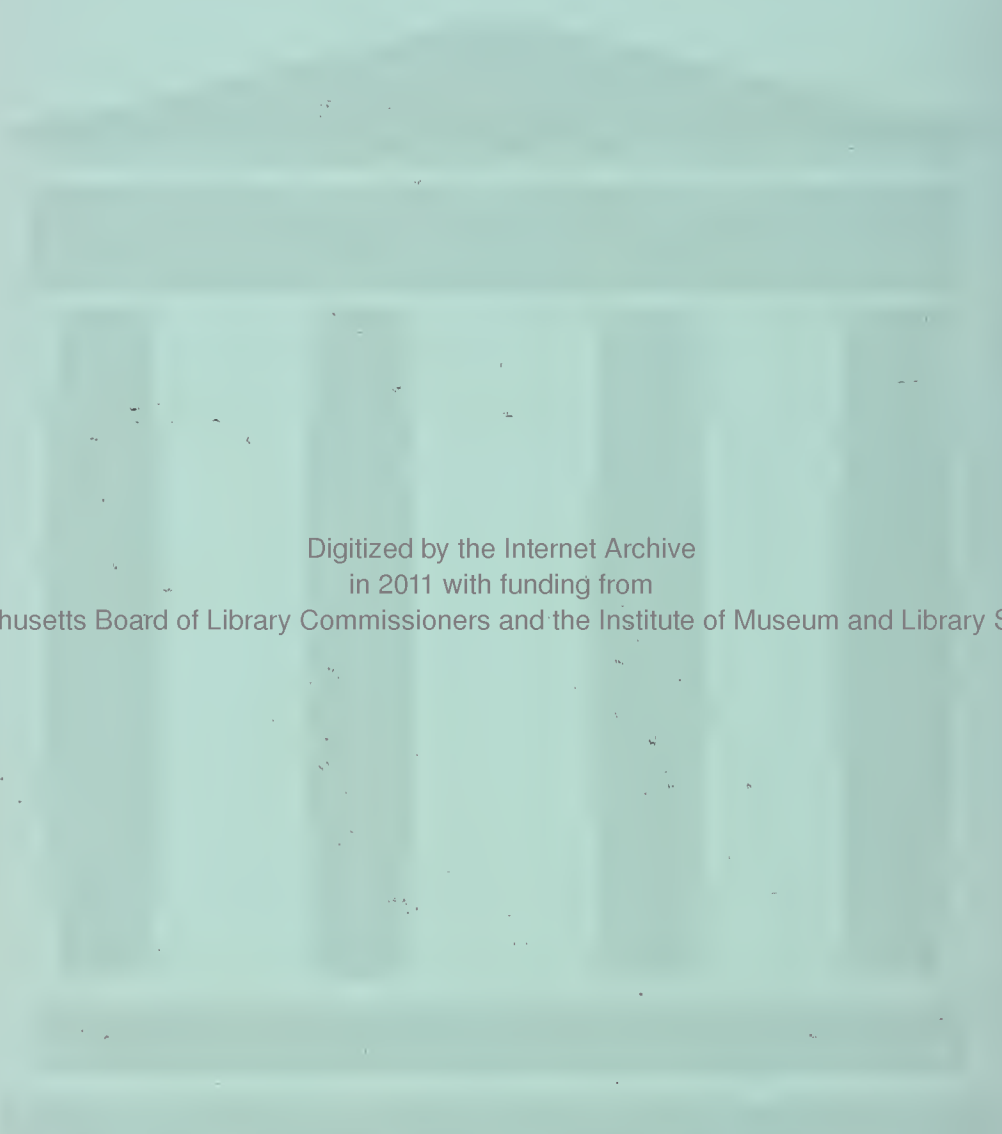
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PUBLISHED BY THE STUDENTS OF THE MASSACHUSETTS COLLEGE OF OPTOMETRY



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# THE SCOPE



VOLUME XXV

NUMBER 1

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## Optometric Events

by Thomas Couch

### MCO NAVY ENSIGN

June 4 at Newport, R. I., approximately 400 new Navy Reserve Ensigns were commissioned. Among these men was Gilfred L. Daigle of Miami, Florida, who graduated from Massachusetts College of Optometry in 1953. Ensign Daigle received his commission after successfully completing a sixteen-week indoctrination course in Naval subjects.

These new Ensigns are now qualified to serve as Junior Officers aboard any of the Navy's warships or supporting commands.

All applicants for Officer Candidate School must be graduates of accredited colleges or universities with a baccalaureate degree. Unrestricted Line and Staff Corps candidates must be between the ages of 19 and 27.

### GRADUATES CONTINUE

Captain Paul W. Lappin and Lieutenant Lester R. Loper, optometrists in the Air Force (M.B.C.), have been assigned to study at Indiana University in the new graduate program in physiological optics. This assignment is under sponsor-

ship of Air University, Institute of Technology, USAF.

Captain Lappin is a graduate of the Massachusetts College of Optometry and practiced for a time in Dorchester, Mass. Lieutenant Loper is a graduate of the Pennsylvania State College of Optometry and practiced for a short time in Louisiana. Both are members of the American Optometric Association and have been serving as optometrists at Air Force Base Hospitals in Texas.

The graduate program in physiological optics at Indiana University is under the direction of the faculty of the Division of Optometry.


### ASCO

The Association of Schools and Colleges of Optometry recently announced its 1954-1955 committee appointments. Our Massachusetts College of Optometry was honored with several of our college instructors on committees. They are Ralph Green, Dean, Committee on Personnel and Administration; Leslie Wright, Committee on Membership and Accreditation; and Arthur March, Committee on Traveling Lectureships.

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*The Dean's Greeting*  
*To New Students*



RALPH H. GREEN, DEAN

Welcome is a good word. It is derived from the old Anglo Saxon. It pertains to one who Comes Well, and whose coming pleases another's will. We are persuaded that you have come so Well that your coming is pleasing to the Will of the Massachusetts College of Optometry.

We should like you to feel so welcome and so much at home that you will be impelled to contribute your share to our growing traditions of cooperation, friendliness, high standards of purpose and achievement, and completely professional attitudes toward the profession you have chosen.

As faculty and students we are members of a small but intimate group within the structure of the over-all College. An intense interest in the goals leads to an equally real interest in one another. From such a relationship can come not only the acquisition of professional abilities but day to day practice in the true art and science of optometry.

The Faculty joins with me in welcoming you to this year of opportunity, and in expressing delight that we shall be associated closely with you in academic and social activities.

Cordially yours,

RALPH H. GREEN, Dean

*From The Editor*

BEST WISHES

"This, too, shall pass away," said the professor as he looked over the freshman class.

With that thought in mind Milton Franklin, O.D., wrote a message to the undergraduates. A message that is destined to clear up some of the misunderstandings associated with this profession of Optometry. I hope they can derive some benefit from it . . .

The first point I wish to bring out is that ours is one of the noblest and most beneficial of all the professions. Just stop for a moment and close your eyes. Try to visualize all the beauty of trees and grass, well-kept parks, a summer sunset. Can you put these impressions into words, make them be understood by someone who has never been blessed to see light and color? Can you picture a little child playing with its toys in a corner, happy as the day is long? Can you see the children trooping happily into and out of school, playing their care-free games during the recess period and lunch hour? These, and many more similar impressions, are gained through our visual receptors—our eyes. The high myope cannot appreciate distance clarity, the high hyperope cannot achieve near comfort, and the high astigmat has almost nothing in the way of visual ease or clarity. Do you realize that in our hands lies the way to make these people see as well, or almost so, as the individual with normal vision? The individual with a low degree of uncorrected astigmatism, suffering from headaches and not realizing that 20/20 means nothing, is well within our scope of operation. How many have finally realized that the 50 or 75 cylinder (not to omit the 25) often is the difference between nagging headache and complete comfort! . . .

Optometry is today becoming more and more important to John Q. Public with his television, comic books, and movies. Children today are learning to use their eyes for much more concentrated effort long before they used to. The average child of six today can read almost anything in simple books—many schools of today have the first grade broken up into four separate reading groups. The tax on the eyes requires that we be especially well schooled both theoretically and practically, and mentally, to handle this most important problem of very young eyes. When a child of six or seven is brought in, the first question should be

*(Please turn to page seven)*

# *Omega Epsilon Phi*

*By John Lamont and Thomas Couch*

Al Lamont, president, and the Brothers of Zeta Chapter wish to welcome all new students to MCO and the comforts of our fraternity lounge.

Congratulations are in order for the following brothers who recently joined the matrimonial ranks: Art Giroux, Ken Fields, Paul Taylor, and Ted Kaknes, erstwhile vice-president. The difference between the married brothers and the single ones is that when an unmarried one walks the floor with a babe in his arms he's trying to sober her up.

We awarded the Scanlon Award, awarded for excellence in clinic, to Jerome Brault, a non-fraternity student. You don't have to be a Brother to be honored with an O.E.Phi award.

They tell us that John Good would like to join the Navel Reserve. Speaking of John he was late to Dr. Hochstadt's class last Thursday. Everyone knows Dr. Hochstadt is extremely fussy over such things and awaited John at the door. An hour later John dragged in, his face covered with blood, his clothes ripped to pieces.

"Me-ester, vere half you bin?" the boss' voice roared.

"I couldn't help it. I fell off the fourteenth floor of the John Hancock building."

"Me-ester, that took han hour?"

The MCO Basketball Team received another boost as Bob Milot and Earl Lupien joined the team which already has the following O.E.Phi brothers: Al Greaves, Paul Taylor, Bob Brouillette, John Good, Wally Flynn, and Tom Couch, manager.

We hope all enjoyed themselves at the Smoker at the Hotel Brunswick. Pledges, meet Bob Milot, new rushing chairman, but beware of Brothers Brouillette and Lupien, pledge trainers.

We leave you with the knowledge that if all the MCO students who slept in class were placed end to end, they would be much more comfortable.

Then there's the one about the cross-eyed teacher who had no control over her pupils.

*"Quality Beyond Question"*

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# Syntonics

By L. L. McCormick, Hutchinson, Kansas

## Part I

(Entered in the Kansas Optometrist  
"Best Optometric Papers" Contest)

"There is a principle which is a bar against all information which is proof against all argument, and which cannot fail to keep a man in everlasting ignorance. That principle is condemnation before investigation."—Herbert Spencer.

The purpose of this paper is to try to clear up some misunderstandings about syntonics now prevailing, and possibly to interest some of you in this most fascinating field.

It is not known what any of you know or think about Syntonics but it is surmised that most of you are highly skeptical. You are not to be blamed, because the author likewise was most skeptical, but was also curious.

After talking with many it was found that we were not unlike, in that few seem to know the meaning of Syntonics. According to Funk and Wagnalls' dictionary, (1) Syntonics is the adjective form of syntony which means—in wireless telegraphs, the harmonizing of electrical tuning of particular transmitters and receivers one to the other. This definition does not apply to physiologic processes, but is limited to mechanisms which may be caused to have equal tensions and masses in order that they may be tuned together. Dorland's Medical dictionary (2) uses Syntonics to indicate a balance integrated nervous system, particularly the autonomic, in which divisions there exists a state of dynamic antagonistic tension between its two systems. When these tensions are equal the nervous system is said to be in syntony. According to the College of Syntonic Optometry (3) Syntonics is defined as that branch of Ocular Science dealing with selected frequencies in the visible range of the spectrum, which when applied through the optic and nervous mechanism of the eye, effects such reflex action on the associated and supportive physiologic function as to bring the organism into proper environmental relationship for the emendation of the visual sense.

In searching for greater stimulus in Visual Training, it remained for Spitler to definitely

determine the proper light frequencies within the visible range of the spectrum, and his adaption of these frequencies to definite morphologic types brought about an entirely new conception of Visual Training.

The most common misconception prevailing to the non-syntonists is that all that is claimed by Syntonics is done by different colors. This is only partly true, we are not interested in the color but the power factor on energy content of the frequency transmitted by various filters.

By using only the visible range of the spectrum through the organ of sight it takes the shortest and most direct path to the brain centers. It has been clearly determined that there are four definite changes that take place when Syntonics is applied.

They are:

- (a) Physical—for the lens to get proper focus.
- (b) Chemical—the bleaching of rhodopsin.
- (c) Physiological—the shift in the pigment.
- (d) Psychological—which also includes the relationship existing between the central nervous system and the endocrines. Between the sympathetic and the parasympathetic is a general definite physiological antagonism so that the predominance of one or the other determines the functional activity of the vegetative organ.

The balance of action between the Sympathetic and the Parasympathetic is of Vital interest in relation to Syntonics. Through the thalamus and the Central Gray Matter, this balance of action is attained and maintained. It should be quite apparent from these statements, that when the eye is stimulated by any frequency there is a chain of nerve impulses sent over the sensory fibers to the nerve centers, and these nerve centers in turn send out motor impulse to the muscles and the supportive functions.

Let us digress at this point to tell you a little more about this gentleman called H. Riley Spitler who is the author of the book, "The Syntonic Principle" (4). He also is recognized in the country as the founder or father of Syntonics. Dr. Spitler holds D.O.S., M.D., M.S. and Ph.D. degrees. He was formerly clinician Macfadden Sanatorium, Battle Creek, Michigan, Physician-

(Please turn to page six)



in-charge Crab Orchard Sanatorium, Crab Orchard, Kentucky, Past President State Board of Optometry, Ohio, Past First Vice-President American Optometric Association, accredited teacher of Mechanotherapy and physical therapies since 1925 by Ohio State Medical Board; Past Dean Department of Mechanotherapy Metropolitan College, Dean Central State College of Physiatrics; Fellow American Academy of Optometry, Fellow College of Syntonic Optometry. He presently is teaching and practicing in Eaton, Ohio.

One of the main problems Dr. Spitler set out to solve was why individuals give such a wide variation of responses to the same stimulus in the same environment. Many efforts have been made to account for these differences on the basis of heredity, environment, and even nutrition.

It finally boiled down to radiant energy in the photic ranges incident into the eye causing altered function, altered behavior, altered physiological responses, and whether these are variations of a similar kind in all individuals?

In attempting to solve this problem here is a report on a research project that is rather interesting. This is about an experiment undertaken with rabbits. Rabbits were kept in the same environmental conditions as to housing in day time and at night, and were fed food in like quantity, and were supplied with water of equal quantities and from the same sources. The only variable factor in the various rabbit cages was the light filters before the cages.

Among the observed findings were that rabbits under some light conditions lost their fur, some in patches and others became almost bare of hair. Rabbits in other cages under other light frequencies, consistently developed cataracts. Others under other light frequencies developed symptoms which in human beings would be recognized as toxic symptoms, in that body temperatures rose, and pulse rate increased with every evidence of lassitude and unwillingness to move about. Rabbits under other light frequencies became sterile and failed to reproduce. Others developed excessive length of the long bones. The times for the noted responses for this experiment varied from three to eighteen months. Many other interesting experiments along these lines were conducted.

It was mentioned before that the Sympathetic and Parasympathetic nervous systems are most im-

portant to Syntonist. As a matter of fact, the autonomic nervous system is important to any optometrist. It will only take a minute to review the effect these two systems have on the eye not to mention the rest of the body.

Dominancy of the Parasympathetic does the following: contracts the pupil, widens the eye slit, increases lacrymation, upper lid ptosed puffy, intraocular hypotension, increases accommodation, causes esophoria-reflex, low abduction tendency, activates intrinsic eye muscles.

Dominancy of the Sympathetic does the following: Dilates the pupil, protrudes the eye ball, lagging, intro-ocular hypertension, lessens accommodation, causes exophoria—reflex, low abduction tendency, inhibits ocular activities.

Dr. Melvin E. Page has this to say: (5) "The automatic nervous system might well be called the 'automatic' system, since it controls the involuntary or unconscious activities of our bodies, i.e., digestion, nerve reflexes, assimilation, etc. The parasympathetic dominant is chiefly given to a tendency towards calcareous deposits which form in various parts of the body. Chronic arthritis, cataracts or calculus deposits in the kidneys, arterial walls, or on the teeth are frequent." "The calcium phosphorus levels are also disturbed by posterior pituitary malfunction. Many of the cataract cases are chiefly due to a lessened function of the posterior pituitary."

It is obvious that neither of these two divisions should dominate the other normally, consequently, if they are in balance (syntony if you please) healthful living is the result and conversely if they are out of balance.

It is interesting to note that low frequencies stimulate the pituitary decrease, the leak in potential and tend to stimulate the sympathetic, producing physiologic activity of the defense type. Conversely, high frequencies depress the pituitary, increase the leak in potential and tend to stimulate the parasympathetic producing physiologic rest of the vital type activities.

*(To be Continued in November Issue)*

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Some doctors believe in shock treatment—mailed out the first of every month.

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## THE SCOPE

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DEAN RALPH H. GREEN

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### EDITORIAL—(Continued)

whether to prescribe a correction or visual training. The old idea of glasses is not always the answer. You can often get more by not supplying glasses on a young child IF the case warrants V.T. Skill must be acquired to learn which cases will be amenable to V.T. and which will not . . .

Remember, also, that you are being trained to handle your end of the profession as never before. When you start out in practice DO NOT have the idea that you are new and therefore have no right to charge a decent fee or are unable to refract so well as the new man, Optometrist or other. With the number of refractions required for graduation; you are very well equipped for the world. Don't make the mistake of dodging refractions merely because you have the required number for the quarter. Every one will help you when you get out into your own practice. Those patients, every one in the Clinic, will help you when you are on your own, and you can take my word for the invaluable benefit to you of every last one. You will learn a great deal about handling the public in the first month of your own practice, and your technique will smooth itself out, but NEVER UNDERESTIMATE YOURSELF OR YOUR ABILITY.

Don't ever sell Optometry short. In your own hands lies the visual comfort and safety of this modern civilization . . .

Best wishes to every one of you . . .

## AN OPTOMETRIC ANNUAL

For as long as I can remember, optometrists have had a problem of keeping a file of library-type record of important articles, abstracts, publications, etc., which they find of permanent value and which they need for research or reference purposes.

Many of my friends throughout the country have frequently asked me at various times to use my connection as technical editor of The Optometric Weekly in securing for them extra copies of a pertinent article, or they have questioned me on the advisability of securing a bound volume of all articles contained in The Weekly during the year. There are thousands of optometrists who save every issue of the magazine, and this soon presents a problem of finding space for them.

**Now, at long last, a solution has been offered.**

The first edition of The Optometric Annual is now ready for all those optometrists who have longed for a good, sound volume of all the articles and pertinent optometric material published during the year in The Optometric Weekly. This volume might best be described as "the best of the Weekly."

The Optometric Annual contains 87 articles which run continuously—without interruption. It is divided into four sections containing: (1) 20 articles covering research in eye care, examination methods, devices and prognosis; (2) the editor's observations on the progress and the pitfalls of the profession; (3) 27 valuable articles pertaining to children's vision, orthoptic training, professional public relations, locations for young optometrists, adult reading skill programs, contact lenses, and industrial vision programs; (4) the best "Advice" of optometry's incomparable Dr. Louis Jaques.

The Annual is an excellent medium for optometrists who have wrestled with the yearly problem of clipping valuable articles, educational material and references. I heartily recommend the volume for the permanent files of every optometric practice.

Surprisingly, the cost of The Optometric Annual is low, although the volume is large—being full-size. The first edition is available at only \$3 per copy. The supply is necessarily limited, and I suggest that those who desire the valuable volume act quickly. It can be secured by writing: The Professional Press, Inc., 5 N. Wabash Ave., Chicago 2, Illinois.

Carl F. Shepard, O.D., Technical Editor

# The First Patient

by DONALD HERSH

Omega Epsilon Phi

When I am four and twenty  
And the state board tests are o'er,  
And homework will not trouble me  
And tests I'll take no more,

Thence office doors shall open  
(Treleaven guide my fate)  
And clinging tight to Barstow's words  
For patients I will wait.

Lo, while reading May I see  
A stumbling human swerve  
Reeling through my office door  
(I mustn't lose my nerve).

I steeled myself—rose from my chair  
Then got off the floor  
With halting gait I forged ahead,  
Sweat burst from every pore.

"Good day, kind sir, . . . sweet prince, I mean"  
I blurted through my daze,  
And led him by the arm into  
My optometric maze.

After seating him before me  
My nerves began to cool

I thought "It's just like clinic day  
In optometry school".

The examination opened  
Case hist'ry first I posed  
My teachers would be proud of me  
For the case was all but closed.

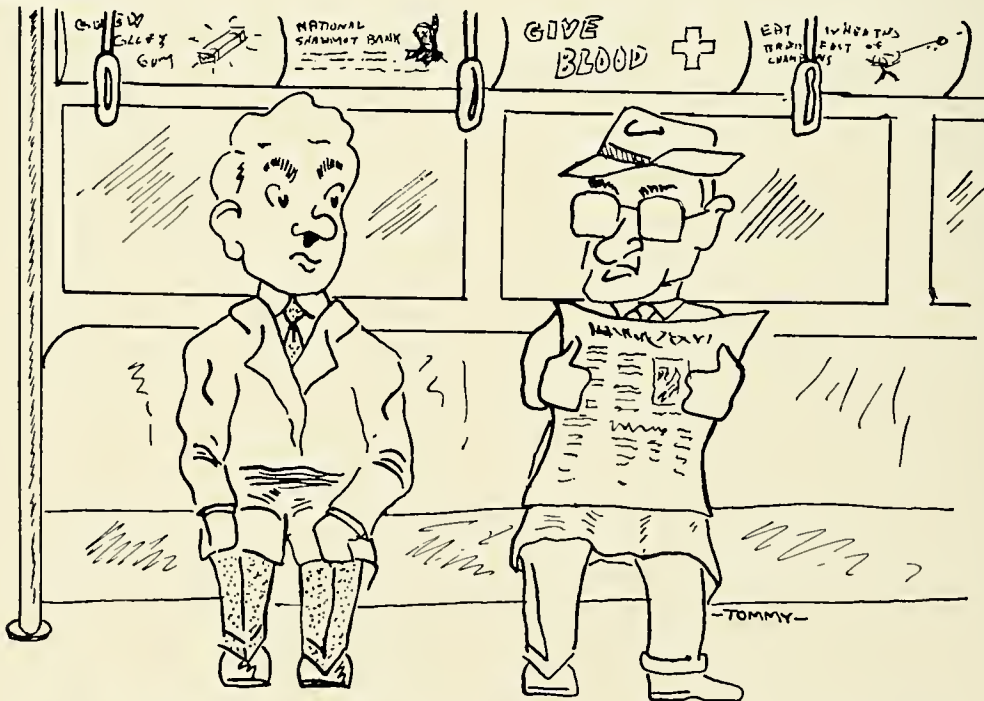
But just for luck I bore ahead  
For an extra clue or hint  
And so I did the cover test  
And wound up with a squint.

The versions test was next in line;  
To the left I moved my light:  
I all but caromed off the stool  
When his eyes moved to the right.

His eyeballs felt like marbles  
When tensions I did take  
And his PP of convergence  
Showed ninety centimeters break.

The case was getting complex  
The Rx I couldn't guess.  
But how I prayed my other tests

(Please turn to page twelve)



YOU MAY KEEP THE PAPER, SIR, BUT MY STATION IS NEXT,  
AND I'M AFRAID I'LL HAVE TO HAVE MY GLASSES .....

# *The Connecticut Plan*

## FOR VISION TESTING IN THE SCHOOLS

EDITOR'S NOTE: *Being a resident of the scenic state of Connecticut I take great pride and pleasure in reprinting the Connecticut Plan for vision screening in the schools. The plan has been operated successfully in Connecticut under the direction of the Connecticut Optometric Society, with sponsorship of programs in individual communities by cooperating civic clubs and groups. The Connecticut Plan is reprinted in full with added sections dealing with instrumentation by the North Carolina Optometric Society.*

### FOREWORD

Although we can *watch* a child learning to walk or *hear* him learning to talk and in these instances can immediately institute remedial measures if needed, however, even the most skilled cannot observe a child for the most part in learning to see. Therefore, errors in vision are usually neither recognized by the parent, teacher, nor the child unless they are extremely obvious.

The seriousness of this can be realized since the relationship between vision and school achievement has been proven to be highly correlated. Surveys on a research level show that approximately 37%\* of the students between the ages of 5 and 17 manifest a visual handicap of one kind or another which lowers their achievement in the classroom. Since correcting visual defects can and often does change the retarded student to normal, we dedicate this program to screening out and correcting these defects early.

#### I.

##### SCREENING: A VERY REAL NEED

Idealistically, it would be sound to reason from the foreword that each and every child in the United States should, for the purpose of achievement, receive the very best in eye care before he enters school and periodically thereafter. This would constitute a complete visual analysis by an ophthalmic practitioner, either an optometrist or an ophthalmologist. Although all thinking persons would certainly agree to this program, it would be in fact an impossibility due to the number of

ophthalmic practitioners which is insufficient to conclude such a program in any one year. At the present time there are in the United States approximately 17,500 optometrists and 2,500 ophthalmologists as compared to slightly over 30,000,000 students which means that a total of 20,000 ophthalmic practitioners would have to devote 30,000,000 hours in examining these school children, and they must also consider time for their regular practices. So a program as such becomes impractical due to the lack of time.

Recent surveys show that approximately 63% of the students in an average school are free from any debilitating visual defects while the remaining 37% do manifest errors in vision. It would then seem that the next best program would be in the nature of visual skills tests which would "screen out" this 37% from the normal. This is the goal of a visual screening program.

#### II.

##### THE PROGRAM FOR SUCCESSFUL SCREENING

In the field of visual screening neither the techniques nor instrumentation is new. Good screening techniques have been fairly perfected for more than twenty years. The instruments in principle have changed but very little. Nevertheless the great vast majority of programs set into force lived on an average of less than two years. We know of no single school program that has been continuous through these twenty years, which is at first difficult to understand since screening has such a high proven value for any school. The reason for non-continuing programs was due to repeated mistakes principally in the way they were set up.

The mistakes in setting up a program parallel each other everywhere throughout the United States. They were for the most part of two separate or sometimes overlapping plans. The first was when the screening was performed by a professional panel of eye doctors (optometrists and ophthalmologists)—this in itself is good in spirit but certainly not practical for a continuing program, as we shall see. When we consider that only 50 school children can be screened in a six-hour day by a single team and instrument, we first begin to understand the magnitude of the task. Due to the

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\* Brookfield Survey 1945, Brookfield, East Brookfield, North Brookfield, West Brookfield, Mass.



fact that the professional men can devote only one day a week or two days at the very most away from their offices to do the screening, the program in an average school did take 3 to 6 months and sometimes longer.

There are few eye doctors in numbers in a community as compared with the number of physicians and dentists, consequently the panel is small—the task is big and very time-consuming. After completing a school program performed by this type of panel these men not only realize a large economic loss because of the great deal of time spent away from their offices but also since screening is a long and repetitious procedure, the sensation of monotony is not lacking. When the next year came around the panel would usually pass the program on to the school nurse. This was another mistake as concerns a continuing program. No matter how competent the nurse was after being trained for this program of screening, the job was too time-consuming and it became almost impossible for her to also carry on her regular duties. To expedite the matter of getting students' eyes tested, she now had to revert to the fast but inefficient Snellen Test—and that was usually how this wonderfully efficient eye screening program died. Obviously we must never again repeat these two main types of mistakes.

We have made a comprehensive study of the successful programs throughout the United States and have borrowed the best points of each plus many of our own innovations. We feel that if the procedures as presented in this program are followed without major deviation, school visual surveys should have a good chance for continuing year after year.

### III.

#### ORGANIZATION OF THE PROGRAM

The program must be sponsored; the most successful programs have been sponsored by civic groups such as Lions Clubs, Rotary, Kiwanis, etc., for three main reasons:

1. *To act as a coordinator between the principals of the program.*

It is very often difficult for a school authority who understands and wants such a program to assemble the right men for the program, to be able to get them together at one time, or to get them to agree on techniques or methods to be used. Unless he is very persistent the program

never starts. On the other hand it is also difficult and a long process for a conscientious professional who wishes to initiate a program to do the same. By having a highly respected civic club inaugurate the program, the principals in the program can be invited to a meeting (which they will usually attend) and a speaker from the Speakers Bureau of the C.O.S. can very deftly present the program in all its phases. This saves much time, avoids many costly mistakes, and in general simplifies matters considerably, and—not to be overlooked—the program gets the publicity it well deserves. The *need* is very real and the public *needs* to be made aware of this *need*.

2. *To defray expenses which attend a visual program.*

Instruments are costly and sufficient instruments are required for its success. Also many costly printed forms are necessary.

3. *To take care of the visual needs of indigents when required.*

### IV.

#### SELECTING PERSONNEL FOR SCREENING

The modern visual screening instruments are so designed that they can be operated efficiently by almost any adult with a few hours' training. However, the efficiency of the visual skills tests has remained at the same high level. The instruments are so ingeniously designed that there is little or no chance of error on a trained examiner's part; therefore, the professional man is now released to devote his time to other valued phases of the program such as interpretation of the findings and statistical analysis.

Although the screening can be done by non-professionals, the evaluation of the results *MUST* be done by the panel of optometrists and ophthalmologists. This is done at the completion of the screening.

The most successful school screening programs have been programs in which members of the P.T.A. of the school to be screened did the screening. Other successful programs used volunteers from the Junior League, Women's Club, Hospital Auxiliary, Red Cross Motor Corps, College Clubs, and student teachers to supply the screening technicians.

Officers of the P.T.A. or selected women's club are of course principals in the overall screening plan and must attend the initial meeting of the sponsoring civic club. Their work is to explain

# PLAN—(Continued)

the program to their organization (or this may be done by a professional) and to get sufficient volunteers to do the screening.

The volunteers will be given an adequate course of instruction from members of the professional panel, which schedule will include lectures on sound psychological test procedures, history of screening, the philosophy of screening, and practice in the procedure of screening that will be used in their school. Upon completion of this course each participating member will be awarded a C.O.S. Screening Technician's Certificate from the superintendent of schools or another suitable dignitary for taking and becoming proficient in the prescribed course.

From past experience it has been learned that the more quickly a program can be completed the better chance there is for it to be continuing—a two-week time limit in any one school seems to be the proper amount of time. During this amount of time the enthusiasm of the volunteer screening technicians, school authorities, students, and professional panel remains high throughout the entire program and thus the program enjoys greater efficiency. When a program runs too long, it seemingly becomes an arduous task no matter how high the purpose.

In order to complete a program in a two-week period, it is recommended that one instrument be available for every 500 students. We believe that no program should be considered if the ratio of instruments is less than one per 1000 students. Of course it can be done, but chances are very much against its being continued year after year. The proper number of instruments should be procured for the largest school in the vicinity and those same instruments be used in turn by the other schools.

It is desirable that each screening instrument be manned by a team of two technicians and there should be at least three teams for each instrument. Each team will then work every third day. This then gives the women reasonable time off to do their routine household duties. We must attempt to keep this program from being a burden or a hardship to the volunteers.

## V.

### FREQUENCY OF STUDENT SCREENING

Students need not be screened more frequently than once a year and not less frequently than once every two years, excepting in special cases.

The following procedure is suggested. The initial screening is to be done in September (or the beginning of the school year) and thereafter during

## STUDENT COUNCIL ACTIVITY FUND REPORT FOR 1953-54

Balance from last year		\$ 589.30
Income 1953-54		1,223.00
Activity Fees	\$1,220.00	
Misc.	3.00	
Total	1,223.00	
Total Cash		1,812.30
Total Expenses		980.04
Expenses		
Senior Class rebate	\$ 417.75	
Basketball Team	161.25	
The Scope	150.00	
Reprints of Dr. Kozol's article	75.35	
Eye-Ball	55.25	
Moving lockers to Clinic	50.00	
Camera Club	28.64	
Gift to Building Fund	25.00	
Postage	4.80	
Misc.	2.00	
Rebated to Registrar for overpayment	10.00	
Total	980.04	
Balance on Hand		\$ 832.26
Allocation of Balance:		
Senior Clas	\$ 333.75	
Junior Class	206.85	
Sophomore Class	119.60	
Set aside for purchase of new mimeograph machine	50.00	
Set aside for purchase of new Basketball uniforms	25.00	
Emergency Loan Fund	97.06	
Total	\$ 832.26	
Respectfully submitted by W. R. TOLFORD, Chairman		

the month of February in each succeeding school year. The month of February\* is suggested for visual screening because many visual defects develop during the first part of the school year. In this way many eye difficulties may be corrected before they become permanent defects.

\*More actual research is required for the best specific time of year. This is merely good authoritative opinion.

PATIENT—(*Continued*)

Would straighten up the mess.

With ophthalmoscope was then disclosed  
A disc as black as pitch  
And floating in the vitreous  
I could swear I saw a fish.

The iris had a yellowish hue  
While the lens glowed ghastly green  
And the macula and retina  
Possessed a purplish sheen.

The anterior chamber was flattened out  
And the upper lid did droop.  
To me the case at this point  
Looked like ophthalmologist's soup.

But retinoscope, oh retinoscope  
I thought would see me through.  
After forty minutes of scoping I found  
Plus twenty seven—OU.

The results of my subjective  
I found were just as bad  
And when testing him at near I found  
An eight diopter add.

In ductions one diopter prism  
Was all that I could find  
And at this point I concluded  
This chap is surely blind.

"Telescopes", I expounded,  
"And orthoptics will help too  
"Your eyes are not in very good shape  
"But I'll fix them up like new"!

My patient regarded me questioningly.  
He flashed a humorous wink.  
"I don't know what you examined me for  
"I came to fix your sink!"

When I am four and twenty  
And I'm forced to start to work,  
Let my teachers have taught me just one thing,  
. . . . . How not to be a jerk.

She was only a film censor's daughter, but she  
knew when to cut it out.

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